

All in a day's work...

READ THIS

IF YOU ARE LOOKING TO

- ACCOMMODATE WORK EXPERIENCE REQUESTS
- IMPROVE RECRUITMENT
- ENHANCE YOUR CONTINUING PROFESSIONAL DEVELOPMENT

Is the targeted offer of work experience placements a useful weapon in the profession's recruitment and retention battle or just another task for over-stretched therapists? *Clare Grennan* and *Jane Rogers* report on a new scheme in Dudley – and explain why they will be doing it again.



Claire (left) and Jane (right) are pictured with the 2005 group of work experience pupils

NHS Trusts invest a lot of money and time in staff recruitment and retention (NHS Careers, 2004). They know they must continue to do so, not only in the short-term, but also to ensure a ready pool of employees for the future. This is particularly essential as the health service takes on the modernisation programme to which it is committed (NHS Careers, 2004). Increasingly, trusts are looking for new and imaginative approaches to recruitment (NHS Careers, 2004), and we see offering well-organised work experience placements as one way we can contribute.

In addition to the department's regular commitment to taking undergraduate students, we have previously provided ad hoc observation sessions to prospective students. During the summer term 2004, our department decided to take on five Year 10 pupils for work experience, largely in response to the number of requests we were receiving and in an effort to 'do our bit' for would-be therapists. The pupils came for five to seven days during the blocks allocated by their schools. All were local girls who had expressed an interest in speech and language therapy as a career.

In preparation, we put together some guidelines:

- who we take
- procedures
- an induction pack (figure 1)
- information for staff (what pupils can do, support available).

Pupils also had to sign a confidentiality agreement and receive occupational health clearance. As

the pupils were all due to start around the same time, we held a pre-placement meeting to go through the induction pack as a group and answer any questions. Pupils had also been - or were planning to go - to a careers talk within the department.

The guidelines involved a lot of work and adaptation as a result of ongoing reflection and feedback. We accessed additional support and advice from Trust practice placement managers, the West Midlands regional clinical placements co-ordinators group and our speech and language therapy service manager. We referred to Trust guidelines as well as to information from the NHS Careers service. As organisers, we were also prepared to provide additional support to enable any pupil with a disability to participate.

Mixed programme

Each pupil had a mixed programme with staff from a range of teams across the department (hearing impairment, mainstream, pre-school, adults, general office). Admin and clerical staff (1), speech and language therapy assistants (4) and speech and language therapists (18, including newly qualified) were involved in the supervision of work experience pupils. Because of the nature of what we do, pupils were mostly going to be observing us. However, the schools were keen for the pupils to get some experience of 'working'. We were also concerned that pupils may tire of simply observing, so we put together a list of potential 'jobs' that pupils could do as a guideline for supervising staff:

- assisting staff during assessment / treatment sessions

- preparing therapy materials
- making up files / filing
- cleaning / tidying toys or other equipment
- sending out appointments
- photocopying
- making tea.

The learning objectives for the pupils were to:

1. find out about the role of the person you are with
2. learn about communication disorders
3. participate in therapy sessions where appropriate
4. assist with preparation of therapy materials
5. assist with administrative tasks.

Following the work experience programme, we asked supervising staff and pupils to complete feedback forms.

We asked staff to rate / comment on the organisation of the placement / support available to them, what they found particularly useful, and what they would recommend changing. We also asked them how the placement contributed to their own learning and development, and gave them the opportunity to add any other comments. The return rate was poor (7/18 therapists) but we did get a spread of grades (1, 2, team manager) and teams (mainstream, pre-school, hearing impairment, adults), and the responses included some constructive ideas.

Organisation / support was rated as: 'Excellent' 3/7 'Good' 2/7 'Fair' 2/7. In addition, 6/7 found the pre-placement information pack useful.

One therapist in mainstream said that, due to school activities and teachers' stress levels during the final weeks of term, this is not the best placement for a whole day. Another commented that nurseries were a nice way for the pupils to see

Figure 1 Induction pack contents

1. Health check form
2. Honorary contract
3. Placement programme
4. Badge
5. Confidentiality form
6. 'In emergency' form
7. Service profile and structure
8. Places of work
9. Hours of work on placement
10. Travel and breaks
11. Health and safety / Infection control
12. Dress code
13. Learning objectives
14. Speech and language therapy career workshop form
15. Liaison with school / training establishment
16. Certificate of attendance and summary report
17. Feedback questionnaire
18. Useful websites

Figure 2 Observation sheet

Child's Name:

Child's Age:

Therapist's Name:

Student's Name:

1. What was the therapist working on during the session?
2. What sorts of strategies did he/she use? (think about what she is saying; what toys / materials are being used)
3. Do you think that the goals for the session were achieved? Why?
4. What factors do you think influenced the child's ability to learn the new skill?
5. How did the therapist involve other people in the session (eg. parents, teacher, assistant)?
6. How did the therapist encourage the child to work on targets in other settings (eg home, school / nursery)?
7. Do you have any comments, questions or suggestions about the session?

that we don't just work in clinics, but added that it was difficult to involve them in everything that was going on.

One therapist queried whether the pupils had had any information about speech and language therapy before they came, as they were often quiet and didn't have lots of questions. Recognising that this may have been a reflection of their age and experience, she put together an observation sheet (figure 2) for the pupils to fill in. As well as giving the pupils something to do, it provided a focus for discussion. This form has since been circulated to all staff.

The same therapist wanted more information about what should be expected from the pupils, or what they could do – for example, could she take them into meetings? She found the observation sheet useful for getting them thinking about what we do and why, but also felt more individual information about the student and what related subjects they were doing at school would have helped.

In terms of professional development, grade one therapists commented that the process aided reflection and teaching, and that it was good to see how much they knew and to experience having someone sitting in on the session. One therapist said it provided her with an insight into what it would be like to have a student, and the team manager also commented that, as she hadn't had any kind of student for some time, the experience made her

grade one therapists commented that the process aided reflection and teaching

stop and think. She then went on to have a second year speech and language therapy undergraduate student in the autumn term.

In addition, a therapist working in hearing impairment with children and young adults commented that it helped promote deaf awareness, and reminded her of the level of communication that her clients have to cope with in the 'real' world with unfamiliar people.

Gained confidence

The assistants and admin and clerical staff member involved didn't return their feedback forms, as they had been unsure what to put, but were happy to discuss their thoughts (3/4; 1/1). Interestingly, only one felt the process contributed to her own personal development, in this case because she gained confidence in being observed and answering questions relating to the activities, as well as getting someone else involved. This was particularly important as she was about to have classroom assistants observing some of her sessions.

Like the therapists, they were happy to help with pupils' development. They also felt it was good for the pupils to see the wider workings of the department. Two remarked that some pupils were more enthusiastic than others, and one commented that the majority didn't know what grades they needed to do the degree.

Other comments included one therapist stating she had come to Dudley as a schoolgirl to observe and was happy to be able to do the same for

somebody else. Another specifically said she was "happy to do it again". The general feeling from the assistants / clerical staff however was that "the pupils came and went".

The questionnaire response rate from the pupils was good (4/5), and gave us an insight into what they got out of the experience, and whether our efforts were potentially positive for staff recruitment. Pupils were asked to rate / comment on the organisation and support from supervising staff, the variety of experience offered, what they found particularly useful / not useful, and whether the placement met their learning goals.

Three pupils rated the placement organisation as excellent, and one rated it as good. The co-ordinators were thanked for their organisation of the placements and the friendliness and helpfulness of supervising staff was commented on. The induction meeting was reported to be particularly useful.

All four pupils rated the variety of experience as excellent. Positive comments were made, including that every day was different, and that it was thoroughly enjoyable to see all aspects of the speech and language therapist's role. As well as the variety, pupils commented positively on being able to observe the interaction between the therapist and other professionals such as physiotherapists. One added that she had particularly enjoyed the children's clinic. All four pupils stated there was nothing they did not find particularly useful.

Importantly, all four also said that the placement met their learning goals and three of them added that it had confirmed their interest in speech and language therapy as a career. ▶

◀ To assist our decision-making about future work experience placements, we carried out a subsequent survey in December 2004. We asked all clinical staff (therapists and assistants):

- whether they had work experience in speech and language therapy before applying for their course (degree / NNEB etc.)
- if yes, whether they found it useful
- whether they had the work experience with Dudley speech and language therapy department
- if they hadn't had work experience, whether they would have found it useful.

Twenty nine out of 40 therapists responded (28 answered correctly) and seven out of eight assistants responded (6 answered correctly, 1 said 'not applicable').

Sixteen therapists had had work experience in speech and language therapy, three of them in Dudley. A further ten had observation sessions as opposed to 'work experience', three of them in Dudley. Two therapists had not had work experience in speech and language therapy.

Of the 16 that had had work experience, 15 found it useful. The other therapist said it was not very well explained (she had not come to Dudley!) Positive comments included:

- it made me pursue speech and language therapy rather than my other work experience career
- it helped in preparation for interview (for the university place)
- far more 'real' than written descriptions of role, and opportunity to ask lots of questions to confirm career choice
- gave an insight into career choice and the client groups we work with.

Of the 10 that had had observation sessions, 9 found them useful. One said that more sessions would have been helpful, and another that she had observed just one day in a clinic with lots of 'did not attends'. She felt that when she was applying for courses, more than one day's observation was expected of her.

The two therapists who had not had any work experience thought they would have found it useful.

Six assistants stated they had not had any work experience in speech and language therapy before doing their training. One had worked closely with the therapists in the school where she had been working, which she found useful. The other five all said they would have found work experience useful.

Groundwork

The work experience placement programme was a learning curve with lots of hard work, but we think the feedback was tremendously positive both staff side and pupil side. A lot of the groundwork has been done and we now have a comprehensive set of guidelines. We are going to repeat it this summer and there will be ongoing reflection and

pupils commented positively on being able to observe the interaction between the therapist and other professionals

adaptation as appropriate. We will be sticking with around five pupils as we found it a good number to manage.

Due to the numbers of people involved (staff and pupils) and the amount of paperwork, we think organisation and enthusiasm is the key to success.

We found the work experience flow chart particularly useful (figure 3) and have since developed an accompanying tick list, to help keep on track of what needs to be done.

Since this work experience programme was initiated, we have spoken to the service manager, the area service managers, the team managers and

principal speech and language therapists about linking clinical teaching more formally into the appraisal process. We have suggested that staff are actively encouraged in their appraisal to take work experience students, in addition to attending a clinical teaching workshop at the local university. The rationale behind this is to give therapists practical experience and confidence in accommodating students. We feel that that the positive comments regarding professional development made from the sample of therapists surveyed reinforces this and we hope that it will aid the undergraduate student placement allocation process.

Through liaising with colleagues in other trusts at the West Midlands regional clinical co-ordinators group, we are aware that many departments do not take work experience pupils. We therefore intend to promote what we have done to other speech and language therapists and professional groups. We have already fed-back to our departmental district meeting and to the West Midlands regional clinical co-ordinators group, where we promoted it as a continuing professional development opportunity as well as being positive for recruitment.

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Reference

NHS Careers (2004) *Work Experience. Building the future of the team. Guidelines for managers*. March. (Only available to NHS employees online, tel. NHS Careers on 0845 60 60 655 for details.)

Further resources

- Royal College of Speech & Language Therapists, see www.rcslt.org
- NHS Careers, www.nhscareers.nhs.uk.

Figure 3 Work experience flow chart



REFLECTIONS

- DO I HELP PROJECT LEADERS BY GIVING CONSTRUCTIVE FEEDBACK?
- DO I ACTIVELY ENCOURAGE OTHERS TO JOIN THE PROFESSION?
- DO I RECOGNISE PROFESSIONAL DEVELOPMENT OPPORTUNITIES WHEN THEY ARISE?